



YMCA CAMP SHADY BROOK

YEAR-ROUND CAMP & RETREAT CENTER

FINANCIAL ASSISTANCE APPLICATION PROCESS CSB PROGRAMS

Please follow the instructions below and return all documentation to the address at the bottom of this form. Submit these documents as soon as possible for the best chance of receiving assistance.

Please understand that funds are limited, based on donations received through the YMCA Annual Support Campaign, and are granted on a first-come, first-serve basis. Also keep in-mind that programs fill quickly.

One financial assistance form must be completed for each family.

To apply for financial assistance:

- Complete the financial assistance form below and attach all back-up documentation showing evidence of your income. This includes 2 of the following: most **recent taxes, current pay stubs**, any **food or housing assistance, other proof of income or assistance**.
- Please make sure that you note the program requested.
- Return these items to the address below.
- Processing may take up to two weeks. We will notify you as soon as possible regarding your rate. Please ensure you complete the contact information clearly e.g. email, phone
- The YMCA will send you a letter, via email or mail, verifying whether or not your application has been approved, and the amount of assistance awarded. Please check your spam email.
- Please follow the instructions on this letter and note that a program space cannot be reserved until we receive your acceptance.

Many people need financial assistance at some point in their lives. Y Assist is intended to be temporary. You must reapply every year. The YMCA is a human services organization dedicated to building strong kids, families, and communities through programs that develop spirit, mind, and body. We invite you to join us as we provide opportunities for everyone to exercise the values of caring, honesty, respect, and responsibility.

Please mail or email this completed form, payment and camp paperwork to:

YMCA Camp Shady Brook
Attn: Sonny Adkins
207 North Nevada Avenue
Colorado Springs, CO 80903
Fax: 719.471.0925
sadkins@ppymca.org

Questions? Call us at 719.329.7292 or email us at campinfo@ppymca.org.

Camp Shady Brook
2017 Programs Financial Assistance Form

**COMPLETED CAMP PAPERWORK IS
DUE 2 WEEKS PRIOR TO CAMP DATE!**

YMCA of the Pikes Peak Region

Financial Assistance Application for Camp Shady Brook Please complete for EACH family. Thank you.

The YMCA will strive to assist any individual/family who wants to participate in a program but cannot afford the fees. Anyone requesting financial assistance for a YMCA program must complete this form and attach proof of income to be reviewed. All applications will be reviewed and you will be notified by mail if you qualify for assistance.

Program Requested: _____

of Adults attending program _____ # of Children attending program _____

Adult (1) Name: _____ Phone #: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Address: _____ Work #: _____

Salary: _____ Hourly Wage: _____ Hours per Week: _____

Adult (2) Name: _____ Phone #: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Employer: _____ Address: _____ Work #: _____

Salary: _____ Hourly Wage: _____ Hours per Week: _____

Income per month

Salary/Wage (s): _____

Public Asst _____

Child Support: _____

Alimony: _____

Other: (explain): _____

Total Income: _____

Amount I can pay: _____

Expenses per month

Rent/Mortgage: _____

Food: _____

Utilities: _____

Transportation: _____

Child Care: _____

Medical: _____

Other: _____

Total expenses: _____

(Participants are expected to pay their fair share. The YMCA will assist any individual/family who wants to participate but cannot afford the fee.)

Please list any special circumstances which you feel should be taken into consideration during the review of this application: _____

Total number of people in the household: _____

Please list the names and ages of any other children living with you:

Name	Age	Name	Age	Name	Age
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Application Attestation: I certify that the information I have provided within this application is true and correct to the best of my knowledge. I give my consent to the YMCA to verify any or all of the information on this application:

Parent/Guardian Signature: _____ Date: _____

All sections must be complete and proof of income in the form of the most recent tax return and one month's pay check stubs must be attached in order to be reviewed.

For Office Use Only: Date Rec'd: _____ Amt. Awd: _____ Amt. Due: _____ Apprvd. By: _____ Date Compl: _____